

OPIOID EPIDEMIC IN INDIANA



consumes **80%** of the global opioid supply

Drug overdoses take **more lives** than car crashes in Indiana.



In 2016, 1,518 Hoosiers died from drug poisoning...making it a **500%** increase since 1999.



Indiana led the nation in pharmacy robberies with **367** incidents from January 2013 to May 2016.



4 out of **5** heroin users report starting out abusing prescription medications.



Indiana State
Department of Health

Indiana Opioid Crisis

Opioid Related Deaths

- 1 person every 3 days
- doubled 2016 to 2017

Opioid Misuse Costs

- \$11 million/ day
- \$4 billion/year

Peer Support Recovery

- Targets:
 - Individuals admitted to our ED's for opioids
 - Pregnant women with opioid use disorder

Peer Addiction Recovery

- Individuals who are passionate about recovery and may have “*lived*” experience
- Training: 52 hours
 - Certification exam
 - 25 hours of supervision
 - 40 hours continuing education every 2 years
 - *Six hours in ethics*

Facts about Peer Recovery Specialists

They DO

- Provide support along the recovery process
- Support individuals plan for recovery
- Assist with overcoming barriers to recovery and harm reduction

They are NOT

- Therapists
- Sponsors
- Treatment Providers

Peer Coach



Help
Support
Advice
Guidance

- Recovery is possible
- Be present/ listen
- Link to treatment
- Answer questions
- Inform family

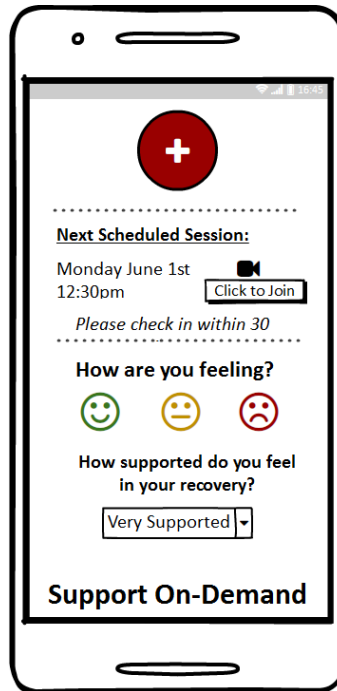
Enhancing the human connection



- Help in your pocket
- Support at point of decision making
 - Right Person
 - Right Message
 - Right Time

Proposed Intervention

- Peer Coach
- Mobile App
 - Just-in-time Support

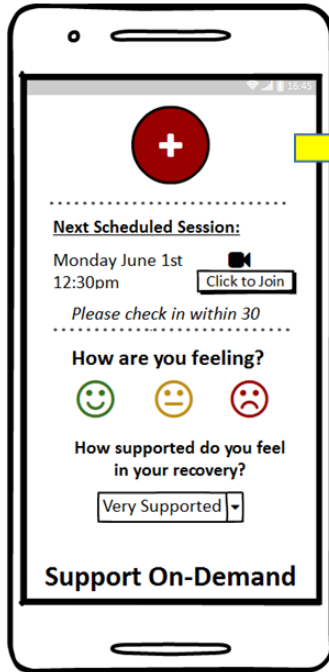


Urgent
Distress

Scheduled
Contact

Outreach
and Check-in

Technology Enhanced Support for Addiction Recovery

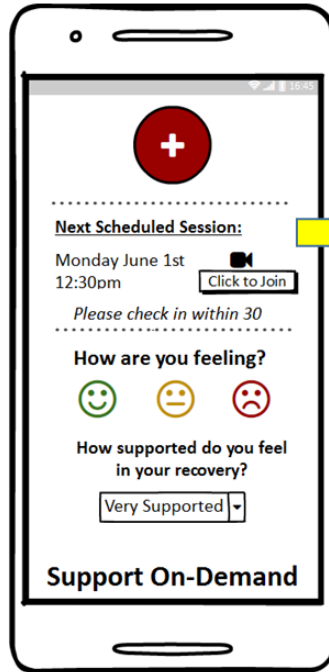


Recoveree

Urgent Distress

- Connect with Peer Coach
- Text interaction is initiated
- Option to move to voice or video call
- Option to initiate 3-way call with Emergency hotline

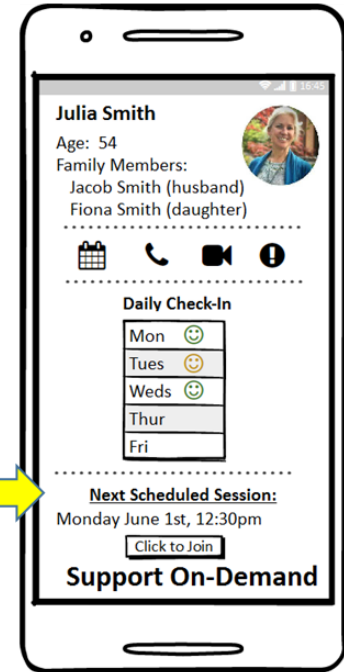
Technology Enhanced Support for Addiction Recovery



Recoveree

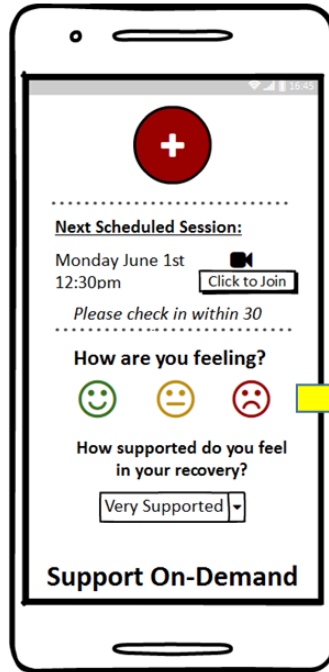
Scheduled Contact

- Reminder of upcoming appointments
- One click voice / video call
- Option to include family members or others to the call



Peer Coach

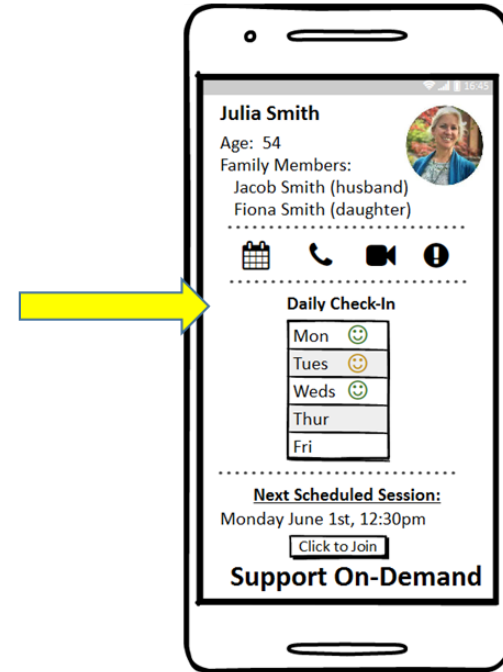
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Recoveree

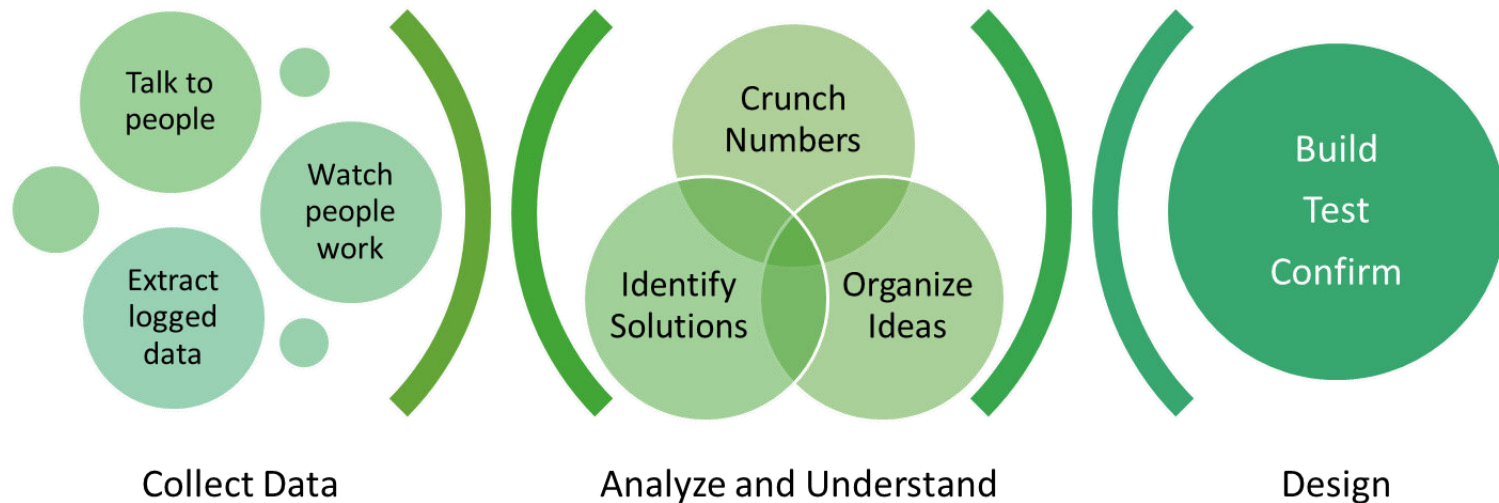
Outreach and Check-in

- The recoveree updates how they are feeling using icons and surveys
- Safety net feature to notify peer coach if recoveree does not check-in
- Optionally, a peer coach could reach out to a family member to initiate emergency protocol for recoveree



Peer Coach

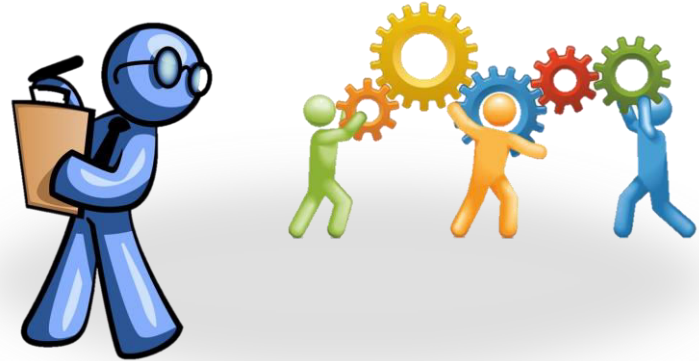
Patient-Centered Design



Collect Data - Learn from Users



Involve in
design



Observe
“in the wild”

Plan for Research – Design

- Identify the design requirements for app
- Build a prototype app and test usability
- Stabilize design
- Pilot test in “in the wild”
- Iterate on design to enhance
 - Design sessions with study participants

EXPENSES	Salary and Benefits	Units	Total Cost
Recovery Coaches	\$45,000	6 FTE	\$270,000
Program Manager	\$80,000	1 FTE	\$80,000
Director	\$20,000	0.2 FTE	\$20,000
OB Opioid Navigator/SW	\$62,000	1.0 FTE	\$62,000
Supplies	\$10,000		\$10,000
Mileage	\$12,000		\$12,000
<u>TOTAL</u>			\$454,000

REVENUE	Source	Units	Total Revenue
Grant Funding	\$62,000 For OB Navigator	1.0 FTE	\$62,000
Service Fees	\$8.55 per 15 minutes of service for Medicaid	96 units per week/coach	\$256,089
<u>TOTAL</u>			\$318,000

HEALTH CARE NEED	Cost Per Unit	Units	Cost of Care Reduction
Wound Infection Prevention	\$17,381	10	\$173,381
Hepatitis C	\$100,000	5	\$500,000
Endocarditis	\$34,602	1	\$34,602
Overdose without Admission	\$744	75	\$55,800
Overdose with Admit	\$2,598	10	\$25,980
Neonatal Abstinence	\$8,798	10	\$87,798
<u>TOTAL</u>			\$1,377,561

SUMMARY	Item	Margin Contribution
Grants and Fees	\$318,000	
Cost Avoidance	\$1,377, 561	
Total Revenue/Cost Avoidance	\$1,695,561	
Expenses	\$454,000	
<u>MARGIN CONTRIBUTION</u>		\$1,241, 561

Plan for Research – Outcomes

- Patient engagement in recovery
- Track cost avoidance
 - Wound Infection Prevention
 - Hepatitis C
 - Endocarditis
 - Overdose without Admission
 - Overdose with Admit
 - Neonatal Abstinence

Why we are taking this approach?

- The opposite of addiction
 - is NOT sobriety.
 - it is CONNECTION

Johann Hari, author of the New York Times best-selling book
“Chasing The Scream: The First and Last Days of the War on Drugs”

Recovery Coaches in the ED

- Parkview's Emergency Departments: opioid use
- Recovery Coach introduces program
 - During visit or through a phone call if after hours
- Follow up is established;
 - a neutral, public setting is preferred when initially meeting with patient.
- If admitted to the ICU or Psychiatric hospital
 - Coach will visit at either site before the patient is discharged home.

Goals

- Become part of the ED care process
- Timing of our visit is when the care process is not interrupted
 - If appropriate, we speak to any family members present. Because we know that addiction affects every one – not just the patient.
- Data collection: our measurable goals are reduction in ED visits, reduction in deaths from overdoses increase referrals to MAT and supportive providers

Results

- Since September 2018, the Coaches have spoken to over 300 patients dealing with an opiate addiction
- Over 140 patients have agreed to engage with a Coach

Coaches Believe in Value

- People want to talk, to tell their story
- People want to be heard; Coaches listen and allow a person to be heard
- Aim is to develop a holistic relationship
- Addition starting point of the contact, long range goals include a personal wellness plan that encompasses mental, physical and spiritual health

Program Manager Role

- Support the creation of strong, healthy boundaries
- Come along side a client
- Connection to a healthy community.
- Observe for possible “trigger”
- Reduce the risk of coach relapse
- EAP counseling
- Reduction of time at the frontline

Goals of Supervision

- Maintain and enhance mental health of the team
- Support healthy relationships with recoveree
- Protective factors to reduce burn-out
- Meet with coaches
 - Coach one on one as needed
 - Scheduled weekly meetings
 - Provide group/team supervision
 - Cases are discussed, ethical dilemmas evaluated, and self care measures encouraged.

Use of Self-Disclosure

- Boundaries around self-disclosure and personal issues
- Coaches story is for the patient's benefit and not the Coach
- Variety of Coaches on our team; each one brings their own unique history of life experiences to the road of recovery

Team Building/Education

- Each member is encouraged to join/attend a community alliance meeting.
- Additional training in harm reduction, HIV, QPR and MAT is provided
- Encouragement of professional growth and additional educational pursuits
- *Brene Brown, MSW states “recognize the potential in people and ideas, and have the courage to develop that potential.”*

Strengths

- Cell phones for direct access to clients
- Laptops

Immediate documentation

Search databases for resources

Challenges

- Most would prefer to text their coach, working on use of My Chart as an option for communication until the application is fully developed
- Funding!

Questions?

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